

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No. 54,620

Group: 3748

Confirmation No.: 8992

Application No.: 10/651,055

Title of Invention: NOx ADSORBER
AFTERTREATMENT SYSTEM
FOR INTERNAL COMBUSTION
ENGINES

Inventor: Rahul Mital, et al.

Filed: August 28, 2003

Attorney Docket: FLTW-65

Examiner: Diem T. Tran

**Certificate Under 37 CFR 1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on July 24, 2006

(Signature)

John H. Allie
(Printed Name)**NOTICE OF PRIOR PETITION TO REVIVE ABANDONED APPLICATION**

Office of Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

07/27/2006 CHGUYEN1 00000053 10651055

01 FC:1453

1588.00 OP

Sir:

The Applicant's representative received a Notice of Abandonment mailed June 27, 2006 regarding the above-referenced patent application. A copy of a prior Petition for Revival of the application is submitted herewith. The Petition for Revival of the patent application and associated fees were submitted with a Certificate of Mailing on June 1, 2006. The Applicant's respectfully request the revival of the unintentionally

Refund Ref:
08/25/2006

0030034097

Credit Card Refund Total: \$3200.00

Acct Exp.: XXXXXXXXXXXX1104

Adjustment date: 08/25/2006 CKHL0K
07/27/2006 CHGUYEN1 00000053 10651055
01 FC:1453 -1500.00 OP

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 01/25/2006

Woodard, Emhardt, Moriarty, McNett & Henry
Bank One Center/Tower
111 Monument Circle, Suite 3700
Indianapolis, IN 46204-5137

At document date: 08/25/2006 CKHLDK
07/27/2006 CHGUYEN1 00000053 10651055
03 FD:1504 -1400.00 OP
-300.00 OP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CLIFFORD W. BROWNING (Depositor's name)	
Clifford W. Browning (Signature)	
June 1, 2006 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/651,055	08/28/2003	Rahul Mital	8317-18	8992

TITLE OF INVENTION: NOX ADSORBER AFTERTREATMENT SYSTEM FOR INTERNAL COMBUSTION ENGINES
7/27/2006 CHGUYEN1 00000053 10651055

02 FC:1501
03 FC:1504

1400.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/25/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
TRAN. DIEM T	3748	060-286000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

KRIEG DEVault LLP

- 2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fleetguard, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nashville, TN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2824 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Clifford W. Browning

Date June 1, 2006

Typed or printed name Clifford W. Browning

Registration No. 32,201

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>08/24/06</u>		2 Serial/Patent # <u>10/651,055</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		07/27/06	\$ 1,500.00
<input checked="" type="checkbox"/>	Issue		07/27/06	\$ 1,400.00
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other Publication fee		07/27/06	\$ 300.00
		7 TOTAL AMOUNT OF REFUND	\$ 3,200.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Duplicate Payment	9 <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
No Fee Due (Explanation): 				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u>K. McLaughlin</u>		PHONE: <u>2-3222</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>CKhlo</u>		DATE: <u>8/25/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**